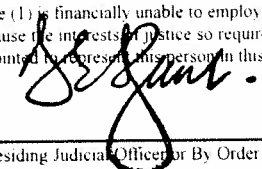


NJ CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

| | | | | | |
|--|--|---|--|--|--|
| 1 CIR. DIST. DIV. CODE | | 2 PERSON REPRESENTED MALIKI FOSTER | | VOUCHER NUMBER | |
| 3 MAG. DKT. DEF. NUMBER 11-2518(DEA) | | 4 DIST. DKT. DEF. NUMBER | | 5 APPEALS DKT. DEF. NUMBER | |
| 7 IN CASE MATTER OF (Case Name) US v. MALIKI FOSTER | | 8 PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal | | 9 TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other | |
| 10 RE-PRESENTATION TYPE (See Instructions) CC | | | | | |
| 11 OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list up to five; major offenses charged according to severity of offense</i> 21: 841 - Controlled Substance - Sell, Distribute, or Dispense | | | | | |
| 12 ATTORNEY'S NAME (First Name MI Last Name including any suffix) AND MAILING ADDRESS TIMOTHY BONEY 315 MARKET STREET TRENTON, NJ 08611 Telephone Number (609) 731-1725 | | | 13 COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Appointment Dates _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case. OR <input type="checkbox"/> Other (See Instructions) | | |
| 14 NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) | | | Signature of Presiding Judicial Officer or By Order of the Court  3/3/2011 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

| CLAIM FOR SERVICES AND EXPENSES | | | FOR COURT USE ONLY | | |
|--|--|----------------------|--|---------------------------|----------------------|
| CATEGORIES (Attach itemization of services with dates) | HOURS CLAIMED | TOTAL AMOUNT CLAIMED | MATH TECH ADJUSTED HOURS | MATH TECH ADJUSTED AMOUNT | ADDITIONAL REVIEW |
| 15 In | a. Arraignment and or Plea | | | | |
| | b. Bail and Detention Hearings | | | | |
| | c. Motion Hearings | | | | |
| | d. Trial | | | | |
| | e. Sentencing Hearings | | | | |
| | f. Revocation Hearings | | | | |
| | g. Appeals Court | | | | |
| | h. Other (Specify on additional sheets) | | | | |
| | (RATE PER HOUR = \$) TOTALS: | | | | |
| 16 Out of | a. Interviews and Conferences | | | | |
| | b. Obtaining and reviewing records | | | | |
| | c. Legal research and brief writing | | | | |
| | d. Travel time | | | | |
| | e. Investigative and other work (Specify on additional sheets) | | | | |
| | (RATE PER HOUR = \$) TOTALS: | | | | |
| 17 | Travel Expenses (lodging, parking, meals, mileage, etc.) | | | | |
| 18 | Other Expenses (other than expert, transcripts, etc.) | | | | |
| GRAND TOTALS (CLAIMED AND ADJUSTED): | | | | | |
| 19 CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE TO: _____ | | | 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION | | 21. CASE DISPOSITION |
| 22 CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment | | | | | |
| Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____ | | | | | |
| APPROVED FOR PAYMENT — COURT USE ONLY | | | | | |
| 23 IN COURT COMP | 24 OUT OF COURT COMP | 25 TRAVEL EXPENSES | 26 OTHER EXPENSES | 27 TOTAL AMT APPR CERT | |
| 28 SIGNATURE OF THE PRESIDING JUDICIAL OFFICER | | | DATE | 28a JUDGE/MAG JUDGE CODE | |
| 29 IN COURT COMP | 30 OUT OF COURT COMP | 31 TRAVEL EXPENSES | 32 OTHER EXPENSES | 33 TOTAL AMT APPROVED | |
| 34 SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount</i> | | | DATE | 34a JUDGE CODE | |